						ښري و		•			•			•
							•							
							•			,				
	OI AIMS COMM							Application Number Filling Date						
,	CLAIMS ONLY						.	/0/ /6 9, c/5 / Applicant(s)						
						•		Аррисанца	·/					• .
CLAIMS								* May be u	sed for ad	ditional dair	ns or ame	ndments	T	
	<i>S·−S</i> Indep	Depend	AMEN Indep	DMENT Depend	AMEN Indep	DMENT Depend			Indep	Depend	Indep	Depend	Indep	Denord
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						51 52	шер	Depend	indep.	Depend	indep	Depend
3 4	1	1						53 54						
5 6	7	7						55 56						
7 8	1							57 58						
9	\	-)						59 60					· -	
11				<u> </u>				61 62						
13 14	7	1,						63 64						
. 15 16								65 66						
17 18		-						67 68						
19 20		-						69 70						
21 22	7	1						71 72						
23 24	7	7						73 74						
25 26		-						75 76	•					
27 28	7	7						77 78						
29 30	7			-				79 80						
31 32								81 82						
33								83 84						
35 36								85 86						
37 38								87 88						
39 40								89 90						
41								91 92						
43								93 94						
45 46								95 96						
47								97 98						
49 50								99						
Total Indep	/_						į	Total Indep						
Total Depend	<i>i</i> /◀		4		4		İ	Total Depend	4	_		_		_
Total Claims	12							Total Claims						